

MDR Tracking Number: M5-04-0878-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 21, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, therapeutic exercises, therapeutic procedures, hot/cold pack therapy, and physical performance testing were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 02/12/03 through 03/13/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19th day of February 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

February 11, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0878-01
IRO Certificate #: IRO 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ___ when extricating a heavy patient to a backboard to be transferred to a stretcher. He stepped off the curb and injured his C-spine, T-spine, and L-spine along with his left shoulder. He saw a chiropractor for treatment, had an excision of the outer end of his left clavicle, and now attends a work hardening program.

Requested Service(s)

Office visit, therapeutic exercises, therapeutic procedures, hot/cold pack therapy, and physical performance testing from 02/12/03 through 03/13/03

Decision

It is determined that the office visit, therapeutic exercises, therapeutic procedures, hot/cold pack therapy, and physical performance testing from 02/12/03 through 03/13/03 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Treatment and therapy in the form of aqua therapy, medication, and injections were tried but problems remained. Diagnostic testing in the form of an MRI and electrodiagnostics confirmed the significance of his injuries. Referrals were made to specialists and they concurred with the patient's diagnosis and continued conservative care was recommended.

The patient changed to a different treating doctor who performed an evaluation and the results confirmed his diagnosis. Physical performance testing was necessary to adequately evaluate his present condition with regard to functional abilities. A trial of chiropractic care and therapy was ordered. There is sufficient documentation on each date of disputed service to clinically justify and warrant this patient's treatment plan.

Under normal conditions, ongoing treatment almost one year post injury is not required. However, this case is an exception. Due to the multiple injured areas, minimal response to prior treatment, positive diagnostic findings, and documented, objective and subjective findings, all disputed treatment was medically justified. Therefore, it is determined that the office visit, therapeutic exercises, therapeutic procedures, hot/cold pack therapy, and physical performance testing from 02/12/03 through 03/13/03 were medically necessary.

Sincerely,